

CITY OF PULLMAN

EMPLOYMENT APPLICATION 325 S.E. PARADISE STREET PULLMAN, WA 99163 (509) 338-3207

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY "AT-WILL" EMPLOYER. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT (509) 338-3207. T.D.D. 1-800-833-6388.

An incomplete application may delay action or disqualify you. Please type or use a ballpoint pen in completing this application.

r lease type or use	a banpoint pen in completing t	ins application.	
POSITION APPLIED FOR:		DATE:	
NAME:			
Last	First	Middle	
PRESENT ADDRESS:	CITY:	ST	ZIP
PERMANENT ADDRESS:	CITY:	ST	ZIP
PHONE: (HOME) ((BU	JSINESS) ()	(MSG) <u>(</u>)	
E-MAIL ADDRESS:			
HOW DID YOU HEAR ABOUT THIS POSITION? _	NEWSPAPERWEBSITE	WALK-INOTHE	R
ARE YOU RELATED BY BLOOD, ADOPTION, OR	MARRIAGE TO ANY CURRENT	CITY EMPLOYEE? _	_YESNO
EMPLOYEE NAME AND POSITION:			
ARE YOU OVER THE AGE OF 18?YES	NO		
ARE YOU PREVENTED FROM LAWFULLY BECO	OMING EMPLOYED IN THIS COU f citizenship or immigration status		
HAVE YOU BEEN CONVICTED FOR THE VIOLAT WITHIN THE LAST TEN YEARS? Conviction does			
YES NO IF YES, LIST THE CITY	WHERE ISSUED, THE CHARG	E, DATE OF ISSUE, AND	DISPOSITION:
MANAGEMENT/SUPERVISORY EXPERIENCE?			
Number of Employees Managed/Supervised:	Describe your primary manage	ment/supervisory functions:	
PROFESSIONAL CERTIFICATIONS: (Please list	any professional certifications and	d their expiration dates.	
Certification		Expiration Date	
Certification		Expiration Date	

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate				
Other				

WORK HISTORY

1101	~- ~	010			
RESUMES MAY BE ATTACHED BUT WILL NOT BE ACC NING WITH YOUR PRESENT OR MOST RECENT EMPL TEN YEARS, INCLUDING PERIODS OF SELF-EMPLOY NECESSARY. IF AN ANSWER IS NOT KNOWN, PUT N	OYMENT (MENT &	, LIST YO	OUR WORK EXPERIE	NCE FOR AT	LEAST THE LAST
Employer:	Dates Er	mployed	Wor	k Performed	
Address:	From	То			
Telephone:					
Job Title:	HrlyRate	/Salary			
Supervisor:	Start	Final	Full-time	Part	-time
Reason for Leaving:			May we Contact:	Yes	No
Employer:	Dates Employed		Work Performed		
Address:	From	То			
Telephone:					
Job Title:	Hrly Rate	e/Salary			
Supervisor:	Start	Final	Full-time	Part	-time
Reason for Leaving:			May we Contact:	Yes	No
Empleyer	Datas F		Mor	de Dorformod	
Employer:	Dates Er		Work Performed		
Address:	From	То			
Telephone:					
Job Title:	Hrly Rate	e/Salary			
Supervisor:	Start	Final	Full-time	Part	-time
Reason for Leaving:			May we Contact:	Yes	No

Em	ployer:	Dates Employed		Work Performed		
Add	dress:	From	То			
Tel	ephone:					
Jol	Title:	Hrly Rate	e/Salary			
Su	pervisor:	Start	Final	Full-time	Part-time	
Rea	ason for Leaving:			May we Contact: _	Yes	_ No
Em	ployer:	Dates Er	nnlovod	Work Performed		
	dress:	From	То	VVOIR	r enomieu	
	ephone:	1 10111	10			
	Title:	Hrly Rate	e/Salary			
Sup	pervisor:	Start	Final	Full-time	Part-time	
Rea	ason for Leaving:			May we Contact:		
2.	NAME: COMPLETE ADDRESS: RELATIONSHIP TO YOU: NAME: COMPLETE ADDRESS:			PHONE:		
_	RELATIONSHIP TO YOU:					
3.	NAME: COMPLETE ADDRESS: RELATIONSHIP TO YOU:					
DESC	ADDITION CRIBE ANY ADDITIONAL TRAINING, SKILLS, AND A				POSSESS RELEV	/ANT TO THE
	TION APPLIED FOR:					

SKILLS
TYPING OR COMPUTER KEYBOARDING EXPERIENCE? YES NOw.p.m
COMPUTER EXPERIENCE?YES NO
List the software programs you have worked with: Word processing:
Spreadsheet: Internet: Internet:
HAND TOOLSYESNO List tools:
POWER TOOLSYESNO List tools:
IF THE POSITION APPLIED FOR REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID LICENSE? YES NO State of Issue: Driver's License Number: Expiration Date:
Do you have a C.D.L.?YESNO If yes, list Class and endorsements:
LIST ANY ADDITIONAL MACHINES, TOOLS, OR EQUIPMENT WHICH YOU OPERATE RELEVANT TO THE POSITION:
CERTIFICATION
I CERTIFY UNDER PENALTY OF PERJURY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ATTACHMENTS, IF ANY) ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS MAY BE SUFFICIENT REASON FOR DISMISSAL IF I AM HIRED BY THE CITY OF PULLMAN. ALL STATEMENTS SUBMITTED ON THIS APPLICATION FOR EMPLOYMENT MAY BE INVESTIGATED AND VERIFIED BY THE CITY AND/OR ITS AGENTS PRIOF TO APPOINTMENT OR NON-APPOINTMENT.
SIGNATURE DATE

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF AN EMPLOYMENT ELIGIBILITY VERIFICATION FORM (I-9) [P.L. 99-603: U.S. IMMIGRATION REFORM AND CONTROL ACT OF 1986]; AND, WHEN APPLICABLE, AN APPLICANT DISCLOSURE FORM (PURSUANT TO CHAPTER 486, LAWS OF 1987 AS AMENDED) AND WASHINGTON STATE PATROL CRIMINAL HISTORY BACKGROUND CHECK (R.C.W. 43.43.830-840).

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY EMPLOYER AND ASSURES EQUAL EMPLOYMENT REGARDLESS OF RACE, CREED, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY.